



STATE OF MARYLAND

DHMH

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March 11, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:09 Reporting for the week ending 03/05/11 (MMWR Week #09)

CURRENT HOMELAND SECURITY THREAT LEVELS

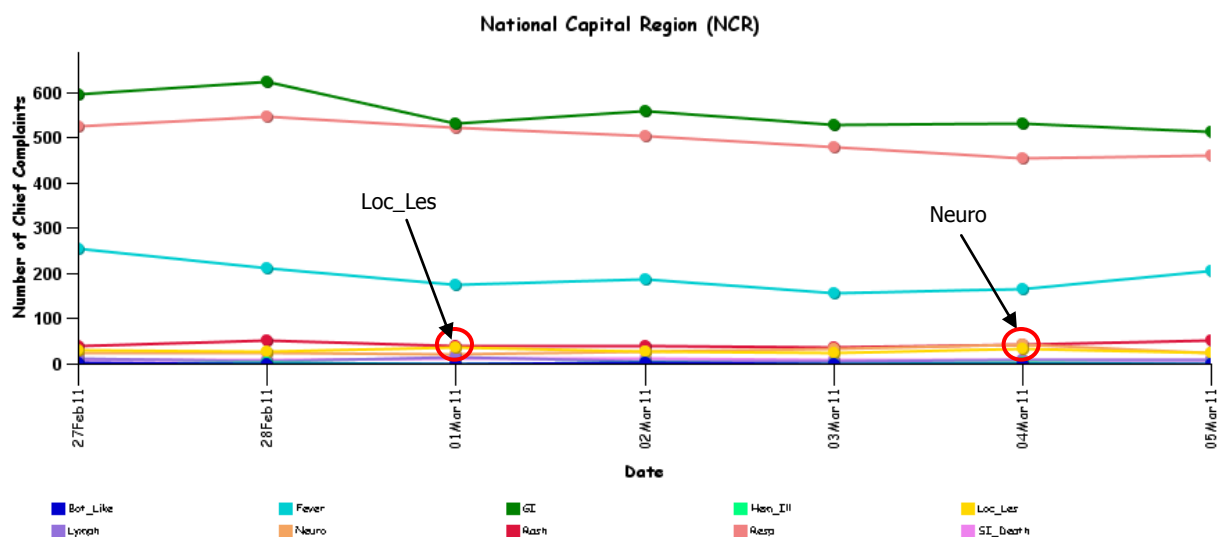
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

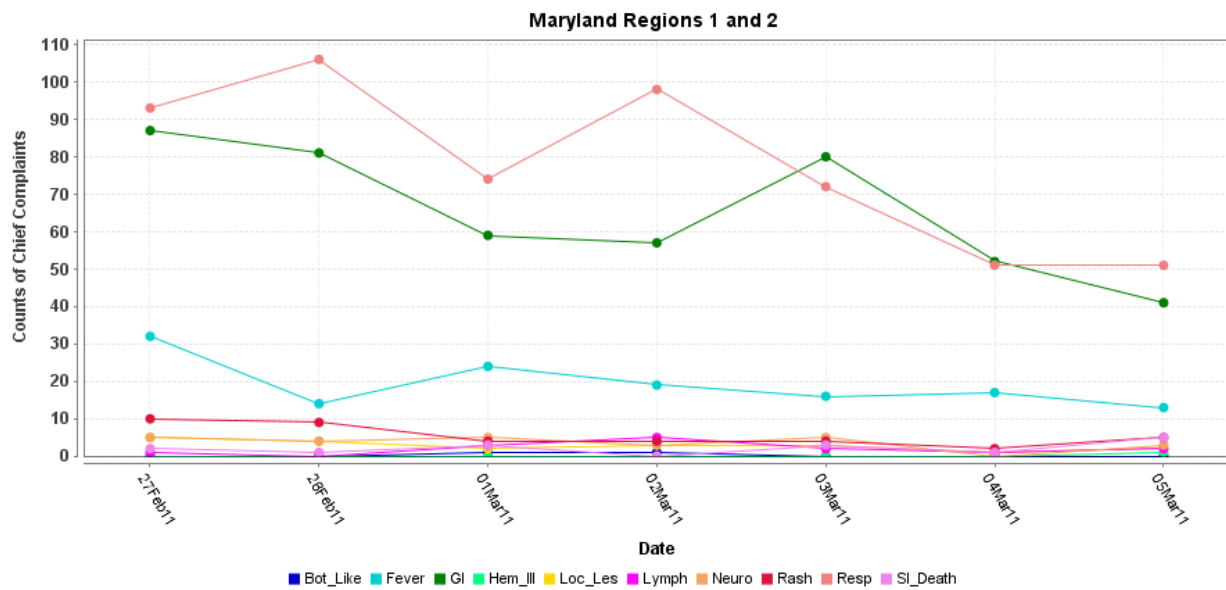
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

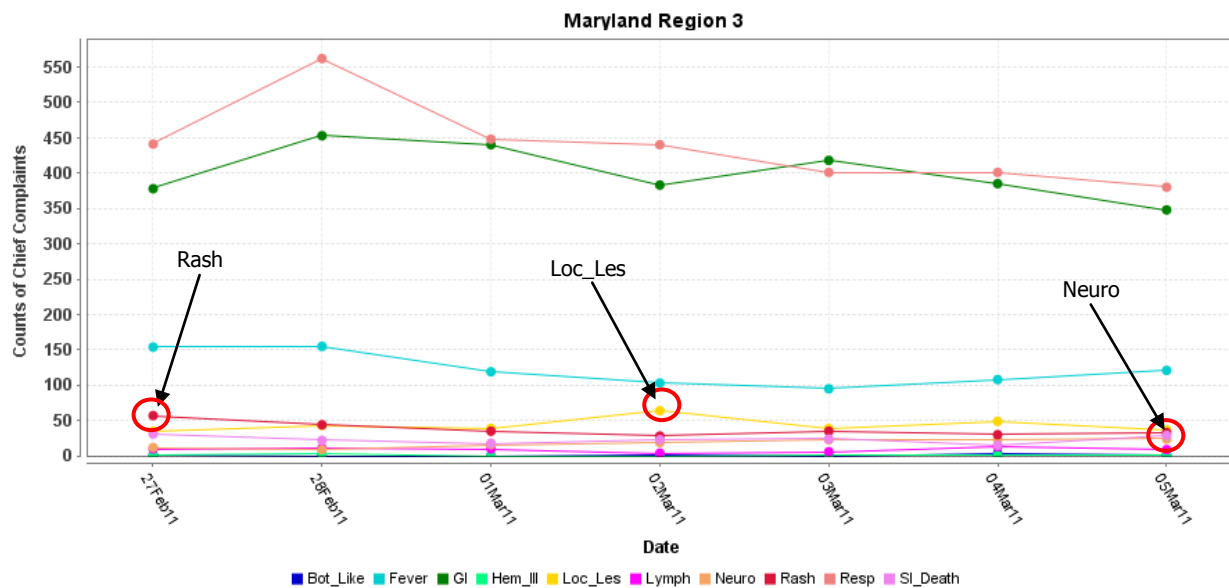


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

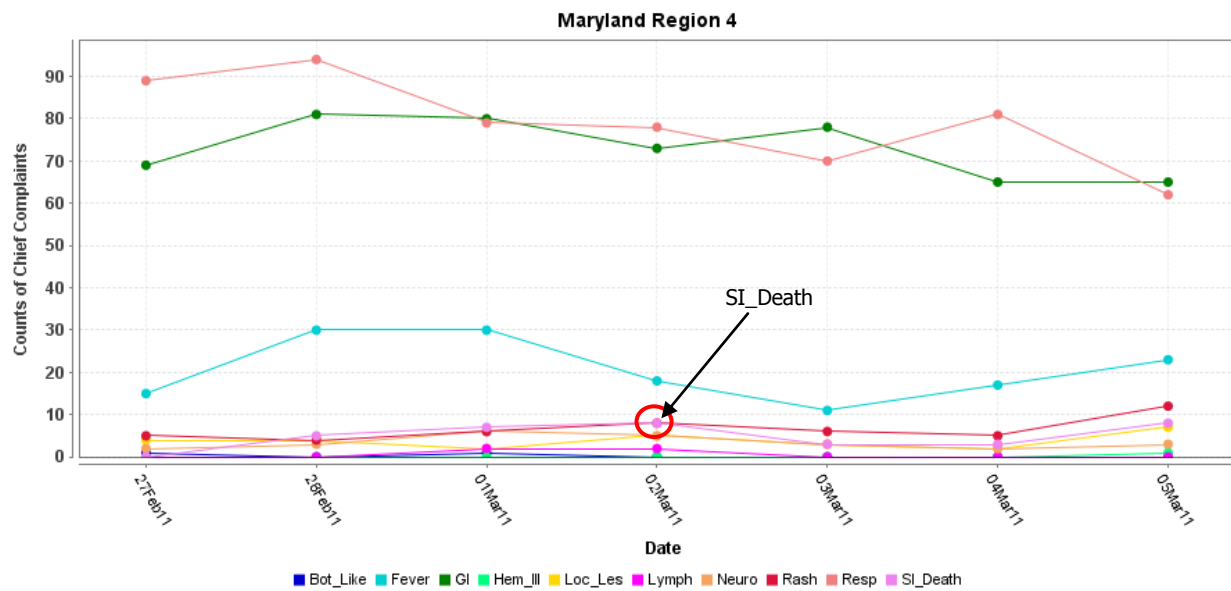
MARYLAND ESSENCE:



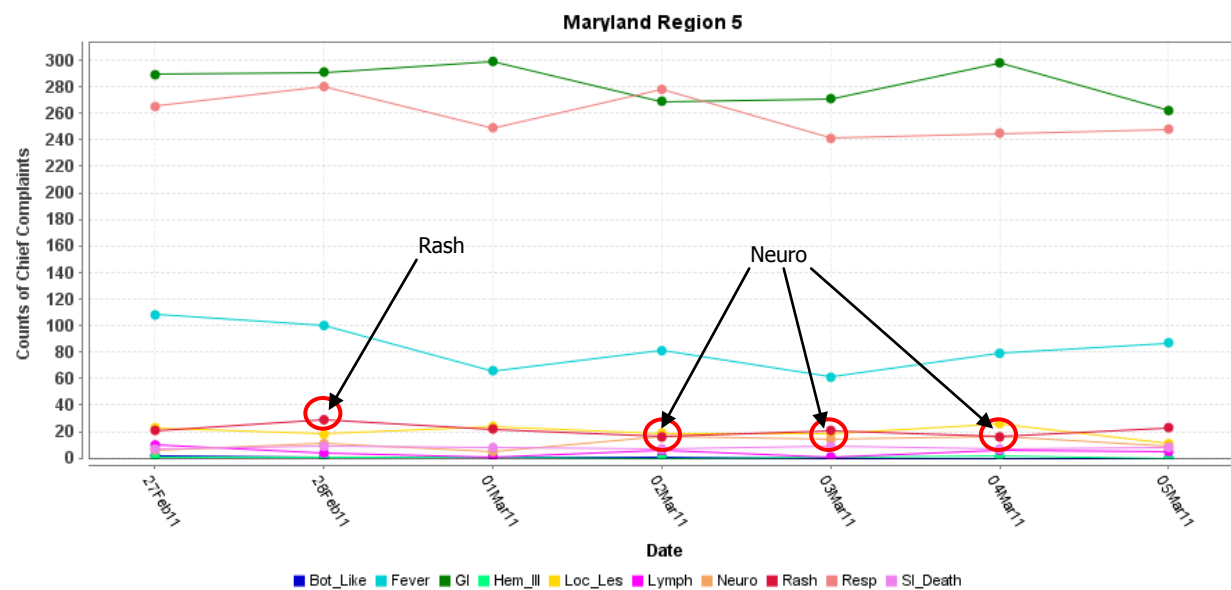
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

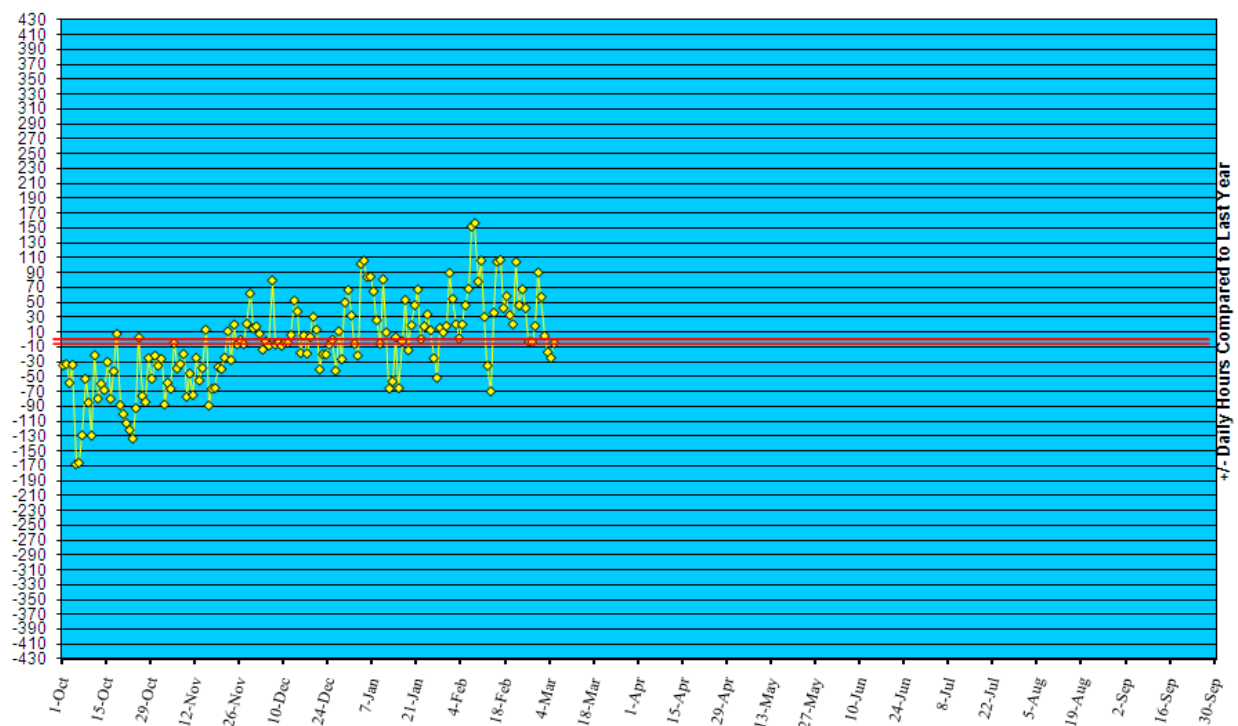


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to March 5, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

New cases (February 27 – March 05, 2011):

Prior week (February 20 – February 26, 2011):

Week#9, 2010 (February 28 – March 06, 2010):

Aseptic

11

13

9

Meningococcal

0

0

0

16 outbreaks were reported to DHMH during MMWR week 9 (February 27-March 5, 2011)

8 Gastroenteritis outbreaks

5 outbreaks of GASTROENTERITIS in Nursing Homes
1 outbreak of GASTROENTERITIS in an Assisted Living Facility
1 outbreak of GASTROENTERITIS in a Residential Center
1 outbreak of CRYPTOSPORIDIOSIS associated with Travel

7 Respiratory illness outbreaks

1 outbreak of INFLUENZA in a Nursing Home
1 outbreak of INFLUENZA in a School
1 outbreak of INFLUENZA/PNEUMONIA in an Assisted Living Facility
1 outbreak of ILI in a Nursing Home
1 outbreak of ILI/PNEUMONIA in a Nursing Home
1 outbreak of ILI/PNEUMONIA in a Daycare Center
1 outbreak of PNEUMONIA in a Nursing Home

1 Other outbreak

1 outbreak of STREPTOCOCCAL PHARYNGITIS in a School (Baltimore Metropolitan Area)

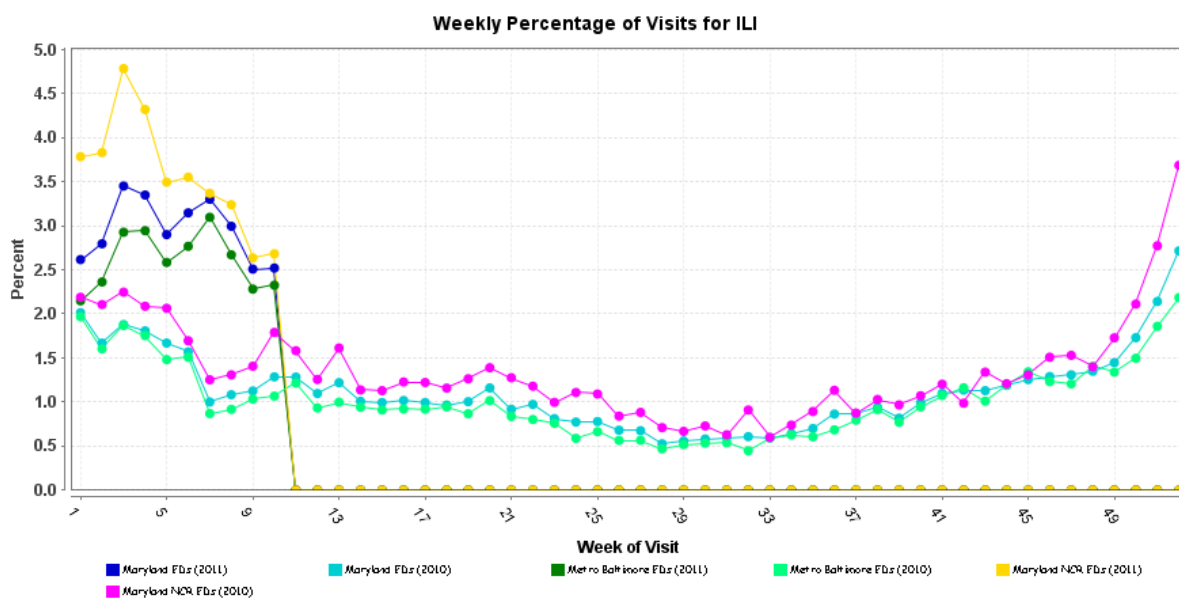
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity was WIDESPREAD for Week 9.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

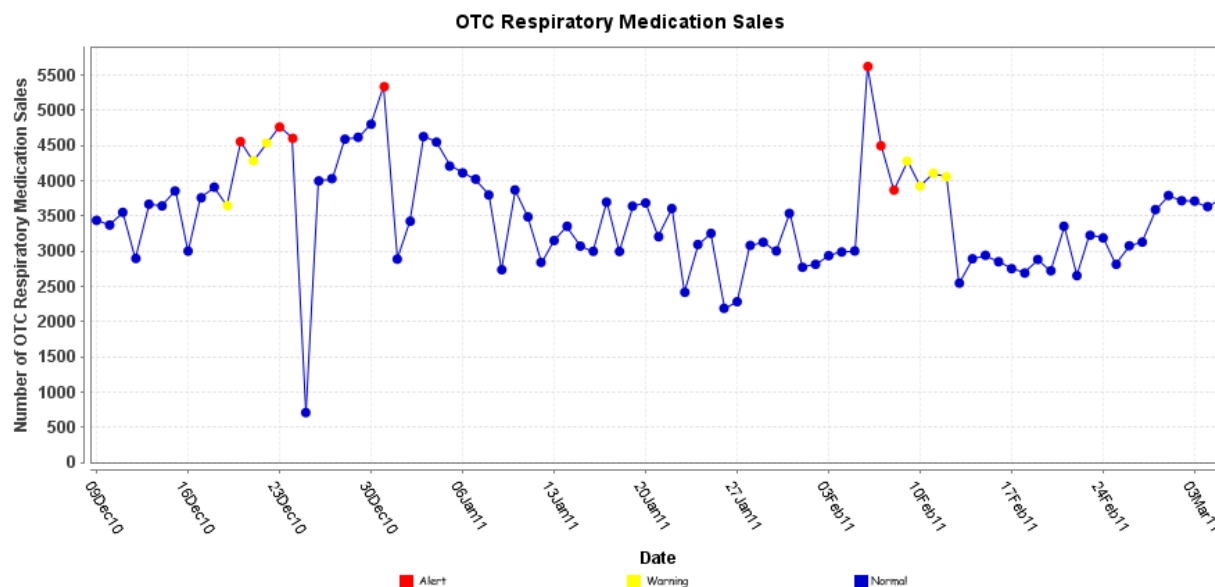


* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of March 2, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 526, of which 311 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA, HUMAN (INDONESIA): 03 March, 2011, As of 2 Mar 2011, the Ministry of Health of Indonesia has announced a new confirmed case of human infection with avian influenza A (H5N1) virus. A 26-year-old female from Karawang District, West Java Province developed symptoms on 30 Jan 2011. She was hospitalized on 3 Feb 2011, and was treated with oseltamivir, but died on 8 Feb 2011. Initial investigations indicate the case bought poultry meat at a traditional market and took home chickens that were slaughtered after purchase and prepared at the market. Laboratory tests have confirmed infection with the H5N1 avian influenza virus. Of the 172 cases confirmed to date in Indonesia, 142 have been fatal.

AVIAN INFLUENZA (INDONESIA): 01 March 2011, New bird flu [HPAI H5N1] influenza virus infection] cases have been detected in 11 of West Java's 26 cities and regencies. Experts are blaming a lack of public awareness about the importance of cleanliness when handling poultry coupled with the effects of climate change. Since 4 Jan 2011, there have been 41 reported avian flu infections in humans in Indonesia, with nearly 33,929 chickens dead from the virus. West Java Animal Husbandry Office head Kusmayadi said Monday [28 Feb 2011] that the virus was spreading because of the unpredictable weather. The largest number of chicken deaths was found in a poultry shed in Sukabumi, where 30,000 chickens had died. "Raining, dry, raining, dry. The weather has strengthened the attacking power of the virus at a time when public awareness is diminishing," Kusmayadi said. The 11 cities and regencies struck by the new bird flu outbreaks were Bekasi, West Bandung, Purwakarta, Majalengka, Sukabumi, Kuningan, Indramayu, Garut, Depok, Bogor, and Sumedang. The latest case was in Garut, where 1,000 chickens raised in residents' yards were reported to have died since 12 Jan 2011, because of the virus. "They were late to report [the deaths] and the chicken carcasses were thrown randomly in open fields," Garut Animal Husbandry Office head Dida K Endang said. In Dumai, Riau, a bird flu outbreak was also reported following the discovery of hundreds of dead chickens in a number of areas. Agus of the Pekanbaru Animal Husbandry Office said Monday [28 Feb 2011] that bird flu infections had been detected in several subdistricts in West Dumai district. "After checking the officers found one bird flu infection in Bukit Timah subdistrict. Out of the 3 chickens tested, 2 were bird flu positive," Agus said, as quoted by Antara news agency.

AVIAN INFLUENZA, HUMAN (EGYPT): 01 March 2011, As of Mon 28 Feb 2011, the Ministry of Health of Egypt has announced 3 new confirmed cases of human infection with avian influenza A (H5N1) virus. The 1st case is a 26 year-old female from Dakahlia Governorate. She developed symptoms on 18 Jan 2011 and was hospitalized on 23 Jan 2011. She has recovered and was discharged on 7 Feb 2011. The 2nd case is a 45 year-old male from Menofia Governorate. He developed symptoms on 20 Jan 2011 and was hospitalized on 26 Jan 2011. He died on 5 Feb 2011. The 3rd case is a 4 year-old male from Damiata Governorate. He developed symptoms on 14 Feb 2011 and was hospitalized on 16 Feb 2011. He is in a stable condition. Investigations into the source of infection indicate that the 3 cases had exposure to poultry suspected to have avian influenza. The cases were confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network. Of the 125 cases confirmed to date in Egypt, 41 have been fatal.

NATIONAL DISEASE REPORTS

LEGIONELLOSIS (CALIFORNIA): 01 March 2011, Los Angeles County public health officials have identified Legionella bacteria, which cause Legionnaires' disease, at a water source at the Playboy Mansion in Los Angeles in its investigation of the source of illness that sickened people after a fundraiser earlier this month [February 2011]. Public health officials have suspected Legionnaires' disease in the outbreak, a disease spread by bacteria that causes respiratory illness, such as a cough, and malaise, chills and fever. Officials, however, have not ruled out other bacteria or viruses, because Legionella bacteria are commonly found in moist environments, Dr. Jonathan Fielding, director of the county Department of Public Health, said in a statement. Health officials have said that the people fell ill after they attended DomainFest's 1-3 Feb 2011 conference, which culminated with a fundraiser at the Playboy Mansion in the Holmby Hills area of Los Angeles. DomainFest released a statement Tuesday [1 Mar 2011] that urged those who attended the 3 Feb 2011 fundraising event at the Playboy Mansion to fill out a confidential survey to assist health officials with their investigation. The name of Legionnaires' disease stems from its discovery in 1976 when attendees of an American Legion convention in Philadelphia became sick with the bacteria and developed pneumonia. About 8000 to 18 000 people are hospitalized with the disease every year in the United States, according to the U.S. Centers for Disease Control and Prevention. Healthy people usually recover from the bacterial disease, which can [be] treated with antibiotics, but death can occur in 5 percent to 30 percent of cases, the CDC said. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents)

*Non-suspect case

LEGIONELLOSIS (FLORIDA): 01 March 2011, Two new cases of Legionella pneumonia were admitted to Miami Valley Hospital, bringing the total affected patients to 6. After 4 Miami Valley Hospital patients were diagnosed with legionnaires' disease in February, the facility implemented water restrictions 22 Feb 2011 in its new 12-story patient tower, also known as the southeast addition. The restrictions were lifted Friday [25 Feb 2011] after state and national health agencies deemed the tower's water safe for use. Of the original cases diagnosed, one patient remains in the hospital, and the 2 patients with the latest reported cases also have been hospitalized since last weekend [26-27 Feb 2011], according to Nancy Thickett, Miami Valley Hospital's public relations manager. Of the 127 potentially affected patients, about 81 have been tested for the Legionella bacteria, Thickett said. Hospital officials said any persons who received care or visited Miami Valley Hospital's new patient tower between 8 Feb and 24 Feb 2011 and feel they are showing symptoms should call the hospital's phone line at (937) 208-2666. Due to a diminishing call volume, the hotline hours have been reduced to between 8 a.m. and midnight. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

HANTAVIRUS (CHILE): 04 March 2011, This past Tuesday [1 Mar 2011], a new possible case of [a] hantavirus infection was detected. This is a student of about 20 years of age, who was admitted to the Cochrane Hospital with a clinical picture consistent with hantavirus cardiopulmonary syndrome. He was later sent to the Coyhaique Regional Hospital. According to statements by the Health SEREMI [Regional Ministerial Secretariat], the young man from Osorno was in serious condition in the intensive care unit where he remains on a respirator, [but] giving signs of favorable developments. Epidemiological personnel are going to Guadalupe to carry out an investigation in the terrain in the area where the young man had become infected, carrying out cleaning efforts of a cabin. The Health SEREMI stated that this could be the 2nd case of [a] hanta [virus infection] so far this summer season, indicating that the risk of infection exists throughout the year, although increases during summer due to recreational activities and to cleaning of closed buildings that are not inhabited throughout the year. It must be remembered that there are some measures [taken] to not contract [a] hantavirus infection and avoid contact with rodent hosts and their secretions: keep vegetation cut short near houses, before occupying a cabin, air it out and disinfect it with bleach, protect one's respiratory system with a mask, eye goggles and gloves, avoiding any type of contact with this fatal virus, as well as keeping trash and garbage [containers] well covered. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (ARGENTINA): 28 Feb 2011, So far in 2011, there are 4 confirmed cases of hantavirus [infections]. According to information from Public Health, these [patients] are recovering favorably. Of these [4 patients], 3 are from Orán and one from Pichanal [Salta province in northwestern Argentina]. In 2010, there were 30 positive cases and in 2009 the total was 29. The officials responsible for epidemiology stated that [a] hantavirus [infection] is a disease that begins with symptoms similar to flu. In 3 days, there is difficulty in breathing. [The infection] is acquired breathing the virus that is found in dried feces of rodent [hosts]. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, LIVESTOCK (INDONESIA): 27 February 2011, The Moewardi hospital in Surakarta, Central Java is treating 5 patients with symptoms of anthrax. Hospital spokesperson Mulyati said on Friday [25 Feb 2011] that the 5 had been undergoing treatment since 23 Feb 2011. Preliminary examinations show that the patients may be suffering from anthrax. "The indications are the wounds the patients have under their eyes, on their arms and feet," she said, as quoted by Tempointeraktif.com. The hospital has sent samples from the patients to a biomedical laboratory at the Sebelas Maret University's Faculty of Medicine in Surakarta. It is expecting to receive the results in 3 days. The 5 patients come from the Karangmojo village in Boyolali. Mulyati said the patients' conditions are improving after treatment by injections, ointment and oral medication. The patients suffer from cutaneous anthrax infections, or skin anthrax, which is not as dangerous, she added. "That's why we don't isolate them. They won't spread the disease to other people, unless they touch the wounds," she said. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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